# SCANNED DEC 2 1 2018

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

					opeotion
A	For t	he 2010 calendar year, or tax year beginning and	ending		
В	Check applica	d C Name of organization		D Employer identif	ication number
	Add cha Nan				
<u> </u>	cha	nge Doing Business As		20-2	100126
	retu	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	)544-9200
		ended O	300	G Gross receipts \$	2,224,876.
	App	WASHINGTON, DC 20005		H(a) Is this a group r	
	pen	F Name and address of principal officer SIMON ROSENBERG		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
1	Tax-e	xempt status 501(c)(3)X 501(c)(4) < _ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)
J	Webs	site: WWW.NDN.ORG		H(c) Group exemption	
K	Form	of organization: Corporation Trust X Association Other	L Year o		A State of legal domicile: DC
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities NDN I	SAN	ON-PARTISAN	THINK TANK
Activities & Governance		AND ADVOCACY ORGANIZATION BASED IN WASHIN			VELOPS AND
r.	2	Check this box In the organization discontinued its operations or disposi			
ove	3	Number of voting members of the governing body (Part VI, line 1a)	^	3	4
ڻ مد	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
9	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u> </u>	5	21
įį.	6	Total number of volunteers (estimate if necessary)	)	6	0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	,	7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
		The second secon		Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		2,250,711.	2,201,216.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d	-	0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	11,417.	23,660.
	12		-		
	13	Total revenue - add lines 8 through 11 (must equal Rart VIII, column (A), line 12)		2,262,128.	2,224,876.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. —	1,159,739.	1,171,842.
en en		Professional fundraising fees (Part IX, column (A), line 11e)	~	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	94		4 4 4 4 4 4 4
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,221,033.	1,166,944.
	18	Total expenses Add lines 13-17 (must equal Part IX column (A), line 25) Revenue less expenses Subtract line 18 from line 129 NOV 2 1 2011	SS	2,380,772.	2,338,786.
or Ses	19	Revenue less expenses Subtract line 18 from line 12N NUV 2 1 2011	7/1	-118,644.	-113,910.
ts o			Begi	nning of Current Year	End of Year
Sse Bala		Total assets (Part X, line 16)	3	215,387.	182,228.
Net Assets o Fund Balance		Total liabilities (Part X, line 26)		179,712.	260,463.
필		Net assets or fund balances Subtract line 21 from line 20		35,675.	-78,235.
	rt II	Signature Block			
Unde	r pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules a	and statemen	its, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer ha	as any knowledge.	
		Sandy A College		11-15	
Sign		Signature of officer Officer		Datel	, ( (
Here	•	SIMON ROSENBERG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Dat	e Check	PTIN
Paid		CAROL MOUNT Carry mond	11	/15/11 self-employed	
Prepa		Firm's name HALT, BUZAS & POWELL, LTD.		Firm's EIN	
Use O	nly	Firm's address 1199 NORTH FAIRFAX STREET, 10TH F	LOOR		
		ALEXANDRIA, VA 22314		Phone no. (7	03) 836-1350
May 1	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		11 LHA For Panerwork Reduction Act Notice see the separate instructions	_		Form 990 (2010)

SEE SCHEDUBELS AFORPYREAN LYAYE IRDITURDS SHOWN SETASTEMBRIT CLANTUM LATION

		·
•		m 990 (2010) NDN 20-2100126 Page 2
		art III Statement of Program Service Accomplishments
7		Check if Schedule O contains a response to any question in this Part III
	1	Bnefly describe the organization's mission
		NDN IS A NON-PARTISAN THINK TANK AND ADVOCACY ORGANIZATION BASED IN
		WASHINGTON, DC. IT DEVELOPS AND PROMOTES IDEAS, POLICIES AND
		STRATEGIES TO HELP AMERICA AND ITS PEOPLE MEET THE NEW CHALLENGES OF
		THE 21ST CENTURY. IT HAS A 501(C)(3) RESEARCH AND EDUCATION
	2	Did the organization undertake any significant program services during the year which were not listed on
		the prior Form 990 or 990-EZ?
		If "Yes," describe these new services on Schedule O
	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
		If "Yes," describe these changes on Schedule O
	4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
		Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
_		allocations to others, the total expenses, and revenue, if any, for each program service reported.
	4a	
		HISPANIC PROGRAMS - ENSURING THAT ALL HISPANICS LIVING IN THE UNITED
		STATES ARE GIVEN A CHANCE TO REALIZE THE AMERICAN DREAM. COMPONENTS OF
		THIS PROGRAM INCLUDE THE LATIN AMERICAN POLICY INITIATIVE AND OUR WORK
		ON IMMIGRATION REFORM.
		GLOBALIZATION INITIATIVE - WORKING TO FASHION A NEW ECONOMIC STRATEGY
		FOR AMERICA IN THE MORE COMPETITIVE GLOBAL ECONOMY OF THE 21ST
		CENTURY.
		GLOBAL MOBILE - A NEW PROJECT TO HELP FOSTER A BETTER UNDERSTANDING OF
		THE POWER OF WIRELESS CONNECTIVITY TO IMPACT CIVIL SOCIETIES AND CHANGE
		THE LIVES OF PEOPLE AROUND THE WORLD.
		THE TOTAL PROPERTY OF THE WORLD.
	4b	(Code) (Expenses \$including frants of \$) (Revenue \$)
		(Hevenue \$)
		(C-1-
4	С	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	d	Other program services. (Describe in Schedule O)
		(Expenses \$ including grants of \$ ) (Revenue \$
46		Total program service expenses ▶ 1,977,063.
		Form <b>990</b> (2010)
	002 21-10	, ,

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Fòrm 990 (2010)

NDN

20-2100126

	n 990 (2010) NDN 20-210	012	5 F	Page 3
Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	t 🗆		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	,		
	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	174		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
	Part X, line 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.12		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X_
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	-+	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	Operate one or more hospitals must attach audited incorporate to more than 1 well. Some 1 of 1 and 1 a	l		

	m 990 (2010) NDN 20-210	0126	5 F	Page 4
Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	122	<del>                                     </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			_A
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	┼	<del> </del>
	any tax-exempt bonds?			
		24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity?	100		- 42
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-12	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33	-+	
-				
36				
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		9.0
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form 9	190 (2	010)

	m 990 (2010) NDN 20-2100	)126	Р	age 5
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			ᆛ
_	Falsatha ann basan ann an ann ann ann ann ann ann ann		Yes	No
1	Tu La	4		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
0	(gambling) winnings to prize winners?	1c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	,		
	filed for the calendar year ending with or within the year covered by this return  2a 21	7		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	3 The second of	_3a_	-	X
	of f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
440	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	X
I.	If "Yes," enter the name of the foreign country:			
E.	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5		5a		X
k	, and the second	5b		X
ė.		5c		<u> </u>
Oc	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			72
h	any contributions that were not tax deductible?  If "Yes " did the exceptation include with every selectation or a suppose to the contribution of	6a		X
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7		6b		<del></del>
a	Organizations that may receive deductible contributions under section 170(s).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		₹.
b		7a		X
c		7b		
	to file Form 8282?	-		37
d		7c	-	X
e		70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/"		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	- 1	
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 .	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			/
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	T		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form S	990 12	010)

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Form 990 (2010)  NDN  20-2100125   Feage # Fear Will Governance, Management, and Disclosure For each "vest "response to lines 2 through The them, and for a "Nor response to lines 8, the year of the lock, describe the concentrationes, processes, or changes in Schedule O. See instructions Chack of Schedule O. Governing Body and Management  1a. Einter the number of voting members of the governing body at the end of the tax year  1b. Einter the number of voting members of the governing body at the end of the tax year  1c. Einter the number of voting members of the governing body at the end of the tax year  1b. Einter the number of voting members of the governing body at the end of the tax year  1c. Einter the number of voting members of the governing body at the end of the tax year  1c. Einter the number of voting members of the governing body at the end of the tax year  1c. Einter the number of voting members of the governing body at the end of the tax year  2 Dud any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employee a management of company or other persons?  3 Dud the organization based exame a sugnificant charges to its governing documents since the prior form 900 was field?  4 Dud the organization based exame and unique by early a sugnificant therein on the organization assests?  5 Exposes the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Dud the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Dud the organization have for a superficial there is supplicated threating of the work of the governing body?  5 End origination have fore the governing body subject to approval by members, stockholders, or other persons?  7 Dud the organization have bear the properties of the governing body?  5 End becomment event a uniform the year  1by the following  a The governing body?  5 End					
to line 8s, 8b, or 16b below, describe the circumstances, processes, or changes of Schedule O See instructions  Check fischedule O contains a regiones to any question in this Part VI  Section A. Governing Body and Management  1s. Effer the number of voting members of the governing body at the end of the tax year  1s. Effer the number of voting members of the governing body at the end of the tax year  1s. Effer the number of voting members included in line 1s, above, who are independent  2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees  2. X  3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other preson?  4. Did the organization make any significant changes to its governing documents series the prior Form 950 was filed?  5. Did the organization have ware during the year of a significant diversion of the organization's assets?  6. Did the organization have members or stockholders?  7. Did be seed to organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8. A star any decisions of the governing body author to approval by members, stockholders, or other persons?  9. Other the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  10. Each committee with authority to act on behalf of the governing body?  10. Each committee with authority to act on behalf of the governing body?  10. See the organization have limited the search of the governing body?  10. See the organization have limited the process of the form \$90 to a time t					
Check it Schedule O contains a response to any question in this Part VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management company or other person?  3 Did the organization designate control over management duties customarily performed by or under the direct supervision of officers, infections or trustees, or key employees to a management company or other person?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Does the organization have members are stockholders?  7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  9 Draw any decisions of the governing body subject to approval by members, stockholders, or other persons?  9 Draw any decisions of the governing body subject to approval by members, stockholders, or other persons?  10 Draw and the stockholders of the organization have members and the stock of the powering body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who camppt be reached at the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who camppt be reached at the government of the powering body?  10 Dessite organization have local chapters, branches, or affiliates?  10 Dessite organization have local chapters, branches, or affiliates?  11 Dessite organization have local chapters, branches, or affiliates?  12 Dessite organization have without problems and consumers of the degenization?  13 Dessite organization have without problems and centures organization by the formation and destruction policy?	Pa		ra "No"	respor	ise
1a Enter the number of voting members of the governing body at the end of the tax year  b Enter the number of voting members included in the 1a, above, who are independent  1.		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
ta Enter the number of voting members of the governing body at the end of the tax year be the further the number of voting members encluded in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other others, director, trustee, or key employees to a management duties customarily performed by or under the direct surpervision of officers, directors or trustees, or key employees to a management company or other person?  10 but the organization have make any significant changes to its governing documents sence the prior Form 990 was filed?  2					X
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10a Does the organization have local chapters, branches, or affiliates?  b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Does the organization have a written conflict of interest policy of the 13 brace of ficers, directors or trustees, and key employees redured to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b Other officers or key employees of the organization  if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed DC  Section C. Disclosure  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Chec				Yes	No
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Form 990 (2010) NDN	20-2100126	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated					
Employees, and Independent Contractors						
Check if Schedule O contains a response to any question in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the org	janization's tax year.					
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.						
List all of the organization's current key employees, if any See instructions for definition of "key employee"						
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> <li>compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related</li> </ul>	who received reportable organizations					

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization  (A)  Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	C all	Key employee	Highest compensated employee	Ī	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SIMON ROSENBERG	40.00						_	1 2		4 = 000
PRESIDENT AND FOUNDER	40.00	X	-	X	-	1	<u></u>	242,244.	0.	17,820
GARRETT GRUENER	1 00	77			1	$  \   \  $	Ŋ	1		0
BOARD MEMBER	1.00	X	-		1	┢	-	0.	0.	0
JOE ANDREW	1.00	v	. «	1		Y	1	0.	0.	0
CHAIRMAN THOMAS CASTRO	1.00	Δ	$\Theta$		1	$\vdash$	-	0.	0.	0
BOARD MEMBER	1.00	W	No.	7				0.	0.	0
ANDRES RAMIREZ	1.00				-	$\vdash$		0.	0.	
VP_ HISPANIC PROGRAMS	40.00					Х		115,665.	0.	11,320
CHRISTOPHER MCCLEARY	. 2000					22		113,003.		11,520
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Form 990 (2010)

(A) Name and title  Average hours per week (describe hours for related organizations in Schedule O)  1b Sub-total  C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on	Part VII Section A Officers Directors Tru		,					-		20-2	T 0 0	126		age
Name and title    Average   Postton   Reportable compensation from the organization of the program of the progr			mple	oyee			High	est	1				,	
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1b Sub-total  C Total from continuation sheets to Part VII, Section A  A		(describe hours for related organizations	ual trustee or director	bonal trustee		ployee	t compensated		the organization	organization	s	fi org an	pens rom t anıza d rela	ation he ition ited
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization    Yes   No.			Individ	Institut	Officer	Кеу ет	Highes	Forme				orga	anıza	tions
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // "Yes," complete Schedule J for such individual  4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000² // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive accrue compensation from any unrelated organization or individual for services  7 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  \$100,000 in compensation from the organization.  ▶ 0			-											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 16 and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² // "Yes," complete Schedule J for such individual  4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000² // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive accrue compensation from any unrelated organization or individual for services  7 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  \$100,000 in compensation from the organization.  ▶ 0														
c Total from continuation sheets to Part VII, Section A d Total (add lines 16 and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization    Yes   No.								/						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those) isted above) who received more than \$100,000 in reportable compensation from the organization    Yes   No.								<u>&gt;</u>						
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No.				<	$\langle \cdot \rangle$							4	6,9	
Total number of individuals (including but not limited to those insted above) who received more than \$100,000 in reportable compensation from the organization.  Yes Note of the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  NONE  (A)  (B)  (C)  Compensation  Compensation  O  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  O  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.		i, Section A	(			1						Δ.	6 0	
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (B)  (C)  Compensation  (A)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.    Ves   Name   Name	2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re		,000 in reportable			<u> </u>	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization. □  O	compensation from the organization	<del></del>	,										Ves	No
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  0	3 Did the organization list any former officer,	director or trus	stee,	key	emp	yolq	ee, d	or h	ighest compensated em	ployee on	Γ		100	1
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  NAME and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.					·	•	·					3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.  O  O  O  O  O  O  O  O  O  O  O  O  O										he organization				
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.											.  -	4	X	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE  (A) (B) (C)  Name and business address Description of services Compensation  A Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0								late	ed organization or individ	dual for services	l	_		v
the organization. NONE  (A) (B) Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  0		oiete Schedule	JIC	or su	cn p	erso	on					5		
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		npensated ind	epe	nder	nt co	ntra	actor	's th	nat received more than	\$100,000 of comp	oensa	ition fi	rom	
\$100,000 in compensation from the organization   0		address								ervices	Co			n
\$100,000 in compensation from the organization   0								$\downarrow$						
\$100,000 in compensation from the organization   0								_						
\$100,000 in compensation from the organization   0								+						
\$100,000 in compensation from the organization   0	,			-				+						
			t lım	ıted	to th	_	e list	ed a	above) who received mo	re than		·		
	\$100,000 in compensation from the organiza	ation >				0						orm C	190 <i>i</i>	2010

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		(2010) NDN			4.5	20-2100	126 Page 9
	art VI	III Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Membership dues 1b 1c Fundraising events 1c			-		
tributions, other simil	f		201,216.				
Son	9	Noncash contributions included in lines 1a-1f \$		2 201 216			
		Total. Add lines 1a-1f	Business Code	2,201,216.			
e Ķ	b						
Se	c	:					
Rev	d						
Program Service Revenue	е						
۵	f	All other program service revenue	L				
		Total, Add lines 2a-2f					
	3	Investment income (including dividends, intere					9
		other similar amounts)		( )	<b>\</b>		
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties	(A) Damanal	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>			
	6 a	(i) Real	(II) Personal	$\cap \vee$			
	b						
	C			\			
		Net rental income or (loss)		,			
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory	Th Oalei				
	h	Less cost or other basis	<b>&gt;</b>				
	-	and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
anne	8 a						
e e		contributions reported on line 1c) See					
19		Part IV, line 18 a					
Other Revenu	b	Less. direct expenses b					
	C	Net income or (loss) from fundraising events	<b></b>				***
	9 a	Gross income from gaming activities. See					
- 1		Part IV, line 19 a					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less. cost of goods sold b					
H	С	Net income or (loss) from sales of inventory	B				
H	44 -		Business Code	22 660			22 660
			900099	23,660.			23,660.
	b	,					
	d	All other revenue					
		Total. Add lines 11a-11d		23,660.			
	12	Total revenue. See instructions.		2,224,876.	0.	0.	23,660.
32009 2-21-			- P   2	., 22 ., 0 1 0 .	U 4]		Form <b>990</b> (2010)

20-2100126 Page 10

### Form 990 (2010) NDN Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c) All other organizations must con		ations must complete all not required to complet		_
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			9	
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,	,			
-	organizations, and individuals outside the U.S.	÷			
	See Part IV, lines 15 and 16		y.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	260,064.	221,054.	33,809.	5,201.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	e e			
7	Other salaries and wages	752,825.	639,902.	97,867.	15,056.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	50,919.	43,281.	6,619.	1,019.
10	Payroll taxes	108,034.	91,829.	14,044.	1,019. 2,161.
11	Fees for services (non-employees):		0.		
а	Management				
b	Legal	×			
С	Accounting	79,482.	67,560.	10,333.	1,589.
d	Lobbying	. (			
е	Professional fundraising services. See Part IV, line 17				•
f	Investment management fees				
9	Other	285.887.	243,004.	37,165.	5,718.
12	Advertising and promotion	1,000.			1,000.
13	Office expenses	95,310.	81,013.	12,391.	1,906.
14	Information technology	<i>y</i>			
15	Royalties				
16	Occupancy	227,105.	193,039.	29,524.	4,542.
17	Travel _	111,308.	94,611.	14,470.	2,227.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,829.		11,829.	1
20	Interest _				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,067.	23,857.	3,649.	561.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	MEDIA & RESEARCH	326,068.	277,158.	42,389.	6,521.
b	MISCELLANEOUS	888.	755.	115.	18.
С	·				
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,338,786.	1,977,063.	314,204.	47,519.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
032010	12-21-10				Form <b>990</b> (2010)

032010 12-21-10

Form 990 (2010) NDN 20-2100126 Page 11 Part X Balance Sheet (A) Beginning of year End of year 12,306. 20,828. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 248,829. basis Complete Part VI of Schedule D 10a 86,541 162,288. b Less accumulated depreciation 10b 186,925. 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 7,634. 7,634 15 Other assets See Part IV, line 11 15 215,387 182,228. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part of Schedule D 21 Liabilities Payables to current and former officers, directors, frustees, key employees, 22 highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 179,712. 260,463. 25 Other liabilities Complete Part X of Schedule D 25 179,712. 260,463. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 . 30 0. 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 35,675. -78,235. 32 Retained earnings, endowment, accumulated income, or other funds 32 35,675. -78,235. 33 33 Total net assets or fund balances 182,228. 215,387 Total liabilities and net assets/fund balances 34

Form 990 (2010)

Forn	990 (2010) NDN	20-21	00126	Page	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,224	1,87	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,338		
3	Revenue less expenses Subtract line 2 from line 1	3	-113	3,91	<u>LO.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	6,67	<u> 15.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-78	3,23	<u> 35.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			l	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	-		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>190</b> (20	010)

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Nan	ne of the organization		Employer identification number 20-2100126
De	NDN rt I Organizations Maintaining Donor Advise	d Funda az Othaz Similaz Fund	20-2100126
Pa			S OF ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) bollor advised failus	(b) t dilus and other debodins
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	_	L Yes L No
6	Did the organization inform all grantees, donors, and donor a	• •	-
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
I De	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		Part IV, line 7
1	Purpose(s) of conservation easements held by the organizati	· ·	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after⊗/17/06 and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements o	luring the year >
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	sures or other similar assots for financia	
~	the following amounts required to be reported under SFAS 11		gan, provide
_		o (noo 300) relating to these items	•
	Revenues included in Form 990, Part VIII, line 1		\$
ט	Assets included in Form 990, Part X		Ψ
НΔ	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	Schedule D (Form 990) 2010
17-1	. o. r aper work mediction activates, see the mistigetions	101 1 01111 330.	Schedule D (LOHIII 220) 50 10

-	edule D (Form 990) 2010 NDN						20-21			ge <b>2</b>
	rt III Organizations Maintaining									
3	Using the organization's acquisition, access (check all that apply):	sion, and other recor				significant	use of its	collection	items	>
a				change progi	rams					
b		6	e Other							
С										
4	Provide a description of the organization's c						ose in Par	t XIV.		
5	During the year, did the organization solicit				ner sımıla	ar assets		7		1
De	to be sold to raise funds rather than to be m							_ Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organization	on answered	"Yes" to	o Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other a	ssets no	t included		_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	rm 990, Part	IV, line	10				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		_ \\ /							
e	Other expenditures for facilities	P	. ( )							
	and programs		$\wedge \vee$							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	S							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c		2/6								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for t	he organiz	ation			
	by					J			es l	No
	(i) unrelated organizations	*						3a(i)		
	(ii) related organizations							3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R2					3b		
4	Describe in Part XIV the intended uses of the							00		
Par				CONCERNMENT MANAGEMENT PROPERTY AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AN			one and the second or the second			
	Description of investment	(a) Cost or of		or other	(c) A	ccumulate	d	(d) Book	value	
	bosonphon of investment	basis (investm				oreciation	_	(a) Dook	- 4146	
12	Land			,						
	Buildings									
	Leasehold improvements		16	3,067.		37,77	73	125	29	4
				5,762.		48,76			,99	
	Equipment		0:	2,104.		±0,/0	, 0 .	30	, , ,	20
	Other	ruol Form 000, Dest	V solumn (D) line 4	0(a) )				162	22	Ω
otal.	. Add lines 1a through 1e (Column (d) must ed	luai FUIIII 990, PAR i	, columni (b), line 10	1 (2)				1 4 4	1 40	0 0

Schedule D (Form 990) 2010

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Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2	20-2100126 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation of-year market value
) Financial derivatives			
Closely-held equity interests			
3) Other			
(A)		<del> </del>	
(B)			
(C)			
(D)			
(E)			
(F) (G)			*
(H)			
(1)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.		<del></del>	
(a) Description of investment type	(b) Book value		od of valuation of-year market value
(1)		P.	
(2)			
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)		X.	
(9)		1	
(10)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
2			
Part IX Other Assets. See Form 990, Part X, Irr			(b) Book value
(1	ne 15 a) Description		(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2)			(b) Book value
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	rt XI Reconciliation of Change in Net Assets from Form 990 to	Aud	ited F	inar	icial s	State		2100126 Pag ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	7 7 604 60	14001	177017	1	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2			
3	Excess or (deficit) for the year Subtract line 2 from line 1				3			
4	Net unrealized gains (losses) on investments				4			
5	Donated services and use of facilities				5			
6	Investment expenses				6			
7	Prior period adjustments	•			7			
8	Other (Describe in Part XIV)				8			
9	Total adjustments (net). Add lines 4 through 8				9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 0		•	10			
	t XII Reconciliation of Revenue per Audited Financial Statemen		Vith F	Reve		er R	eturr	1
1	Total revenue, gains, and other support per audited financial statements						1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		-					
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	1	,			1	
c	Recoveries of prior year grants	2c	1				1 1	
d	Other (Describe in Part XIV)	20	1-				1	
e	Add lines 2a through 2d	_ =0	-				2e	
3	Subtract line 2e from line 1						3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1					
b	Other (Describe in Part XIV)	46	个				1	
C	Add lines 4a and 4b	40	1				4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	r jeur	)				5	***************************************
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents	With	Expe	enses	per		rn
1	Total expenses and losses per audited financial statements	<del></del>				F	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
-	Donated services and use of facilities	2a	1					
h	Prior year adjustments	2b	<del> </del>					
	Other losses	2c	<del>                                     </del>					
C			<del> </del>					
d	Other (Describe in Part XIV)	2d					20	
e	Add lines 2a through 2d						2e	
3	Subtract line 2e from line 1						3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.	ŀ					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ					
	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b						4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information						5	
		1 1	4	4 D-		11		Dort V. Iron A. Dor
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II							
line	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete th	s part	o pro	vide ar	iy add	illionai	iniormation.
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Schedule D (Form 990) 2010

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#### SCHEDULE J (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2010

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

20-2100126 NDN **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment from the organization or a related organization? X Participate in, or receive payment from, a supplemental nonqualified refirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X 5a a The organization? X 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a X a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

not described in lines 5 and 6? If "Yes," describe in Part III

Regulations section 53 4958-6(c)?

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

7

8

X

X

Page 2

20-2100126

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

NDN

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(t)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	6	(E)	(E)
		2000	0 111		Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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31

SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization 20-2100126 NDN FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTES IDEAS, POLICIES AND STRATEGIES TO HELP AMERICA AND ITS PEOPLE MEET THE NEW CHALLENGES OF THE 21ST CENTURY. IT HAS A 501(C)(3) RESEARCH AND EDUCATION AFFILIATE, THE NEW POLICY INSTITUTE. CURRENTLY A PROJECT OF THE TIDES FOUNDATION. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFILIATE, THE NEW POLICY INSTITUTE. NPI IS CURRENTLY A PROJECT OF THE TIDES FOUNDATION. FORM 990, PART VI, THE FORM 990 IS REVIEWED SECTION B PRESIDENT APPROVED BY SIMON ROSENBERG,

FORM	990,	PART VI,	SECTION	C, LINE	19:	THE	ORGANIZA	TION	DOES	NOT	MAKE	ITS	
				7									
GOVE	RNING	DOCUMENTS	AVAILA	BLE TO T	HE P	UBLIC					-		
	***												_
		*											
			Management of the second of th										_
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Schedule R (Form 990) 2010 (g) Section 512(b)(13) Employer identification number å Open to Public OMB No 1545-0047 × × controlled Inspection entity? 2010 Direct controlling Yes 20-2100126 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  $\varepsilon$ Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) HARITY PUBLIC Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code ত্ত section 501(C)(3) See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA Legal domicile (state or foreign country) foreign country) 33 ▶ Attach to Form 990. POLITICAL ORGANIZATION RESEARCH AND EDUCATION POLITICAL ORGANIZATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. SIMON ROSENBERG FOR DNC CHAIR - 20-2100398 NEW POLICY INSTITUTE - 94-3213100 Name, address, and EIN Name, address, and EIN of related organization NDN POLITICAL FUND - 52-1981307 of disregarded entity NDN 729 15TH ST NW. 2ND FLOOR 729 15TH ST NW 2ND FLOOR 729 15TH ST NW 2ND FLOOR WASHINGTON, DC 20005 WASHINGTON DC 20005 DC 20005 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R WASHINGTON 032161 12-21-10 LHA (Form 990) Part | Part II THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

General or Percentage managing ownership Page 2 Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)  $\Xi$  $\Xi$ Code V-UBI General or Planount in box managing or 20 of Schedule partner?
K-1 (Form 1065) Yes/No 20-2100126 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets Share of total income ate allocations?  $\epsilon$ Disproportion-Yes No  $\widehat{\boldsymbol{arepsilon}}$ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> <u>(6</u> Direct controlling entity Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domisile (state or foreign country) DC <u>ত</u> (e) 34 CONSULTING SERVICES Primary activity Direct controlling entity (p) ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization LLC - 26-2353411 729 15TH STREET NW SUITE 200 Schedule R (Form 990) 2010 NDN Name, address, and EIN of related organization 20002 WASHINGTON, DC NDN VENTURES 032162 12-21-10 Part III Part IV THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

Page 3 Schedule R (Form 990) 2010 Yes 20-2100126 9 10 19 부 JB. 5 Ę 9 0 þ 0 <del>%</del> 1 ¥ = 7 (a) Method of determining If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b) Transaction type (a-r) 35 l Performance of services or membership or fundraising solicitations by other organizations Performance of services or membership or fundraising solicitations for other organizations Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Gift, grant, or capital contribution from other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) (a)
Name of other organization Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Schedule R (Form 990) 2010 NDN Sharing of paid employees Exchange of assets 032163 12-21-10 Part V E 9 9 <u>N</u> ମ 3 THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

Schedule R (Form 990) 2010 NDN

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Page 4

20-2100126

General or managing partner? Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) <u>(a</u> (f)
Disproportionate
allocations? Share of end-ofyear assets (e) Are all partners section 501(c)(3) organizations? Yes No <u>©</u> (state or foreign Legal domicife country) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Primary activity Name, address, and EIN of entity THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

36

Schedule R (Form 990) 2010

#### THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

art VII   S	orm 990) 2010 NDN Supplemental Information		Page
	omplete this part to provide additional information for responses to questions on Schedule R (see in	structions)	i
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Schedule R (Form 990) 2010

Form 8868
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

THOMAS THOSE	7 1 10 0 00	arara app						
• If you a	tre filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box .		. ▶			
	re filing for an Additional (Not Automatic) 3-Month Ex							
	omplete Part II unless you have aiready been granted							
	c filing (e-file). You can electronically file Form 8868 if							
	o file Form 990-T), or an additional (not automatic) 3-mo							
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for Tran	sfers	Associated With Cer	taın		
Personal I	Benefit Contracts, which must be sent to the IRS in par	per format	(see instructions) For more details on the	he ele	ctronic filing of this f	orm,		
visit www.	rs.gov/elile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time							
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-m	onth extension - check this box and corr	plete				
Part I only								
	orporations (including 1120-C filers), partnerships, REN	fICs, and t	trusts must use Form 7004 to request ar	exte	nsion of time			
to file inco	ome tax returns.							
Type or	Name of exempt organization			Emp	loyer identification	number		
print				Ì				
NDN 20-2100126								
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.					
filing your	729 15TH STREET, NW, NO. 2	00			1			
ratum Saa Instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	dress, see instructions.					
	WASHINGTON, DC 20005							
Enter the I	Return code for the return that this application is for (file	e a separa	ate application for each return)			0 1		
		•						
Application	on	Return	Application			Return		
Is For	•••	1	Is For			Code		
Form 990		01/	Form 990-T (corporation)			07		
Form 990-	Bi	02	Form 1041-A			08		
Form 990-		03	Form 4720			09		
Form 990-		04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870			12		
. 01111 500	SIMON ROSENBERO		1 Ollit Cor C					
The hor	oks are in the care of ▶ 729 15TH STREE		#200 - WASHINGTON D	C 2	0005			
	one No. ► 202-544-9200	4 4444	FAX No. ▶		0003			
	rganization does not have an office or place of business	e in the Lin						
	for a Group Return, enter the organization's four digit (				r the whole aroun c	hack this		
box 🕨 🗀								
	. If it is for part of the group, check this box				ers the extension is	ioi.		
	uest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemp				The endennion			
_		organiza	tion return for the organization named a	DOVE.	THE EXTENSION			
_	r the organization's return for							
	X calendar year 2010 or							
	tax year beginning	, an	d ending		_·			
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return Fina	l retur	n			
	Change in accounting period							
3a If this	s application is for Form 990-BL, 990 PF, 990-T, 4720, 6	or 6069, a	nter the tentative tax, less any					
nonre	efundable credits. See instructions			<u>3a</u>	\$	0.		
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
estim	nated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	\$	0.		
c Balai	nce due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required,	-				
	sing EFTPS (Electronic Federal Tax Payment System)	•		3c	\$	0.		
	you are going to make an electronic fund withdrawal w				EO for payment insti			
	r Paperwork Reduction Act Notice, see Instructions.				Form 8868 (Re			

#### THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension	complete only Part II and check this by	)Y	<b>-</b>	X
Note. Only complete Part II if you have already been granted an a				8868.	
If you are filing for an Automatic 3-Month Extension, comple				-	
Part II Additional (Not Automatic) 3-Month E			opies i	needed).	
Type or Name of exempt organization			Emp	loyer identification	number
print			l .		
File by the			1 2	0-2100126	
extended Number, street, and room or suite no. If a P.O. box, so		tions.			
hing your 1/25 15111 STREET, 144, 140. 200		drang and metaletings			
City, town or post office, state, and ZIP code. For a formstructions WASHINGTON, DC 20005	neign add	ness, see instructions.			
Manufaction / DC 2000					
Enter the Return code for the return that this application is for (file	a separa	ite application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For	_		Code_
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720	-		10
Form 990-PF	04	Form 5227 Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			sly file	ed Form 8868.	
SIMON ROSENBERG		nation month extension a premac	<u> </u>		
• The books are in the care of ▶ 729 15TH STREET		#200 - WASHINGTON, D	C 2	0005	
Telephone No. ► 202-544-9200		FAX No.			
<ul> <li>If the organization does not have an office or place of business</li> </ul>				<b>&gt;</b>	
• If this is for a Group Return, enter the organization's four digit (					
box If it is for part of the group, check this box		ch a list with the names and EINs of all	memb	ers the extension is	for
	TOVEW	BER 15, 2011.			
5 For calendar year 2010, or other tax year beginning	<del></del>	, and ending	Consta		
6 If the tax year entered in line 5 is for less than 12 months, ct	eck reaso	on: Initial return	Final r	etum	
Change in accounting period  State in detail why you need the extension	,				
	REPAI	RE A COMPLETE AND AC	CIIR	ATE RETURN	J
IDDITIONING TIME TO MUDDED TO I	11111111		001		
				- 4	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any			_
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pay	-	h this form, if required, by using			0
EFTPS (Electronic Federal Tax Payment System). See instru		d Verification	_8c	\$	0.
Signa Under penalties of perjury, I declare that I have examined this form, including			heet c	f my knowledge and h	eliaí
it is true, correct, and complete, and that I am authorized to prepare this for	ny accomp	बार्याम् इताह्यपाट्ड बगच इतिहाससाइ, बगव कि सिंह	DC21 0		61161,
Signature Canal mount Title C			Date	8/8/11	
1180				Form 8868 (R	ev 1-2011)

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